

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-weight: bold;">09/830858</div>	FILING DATE		
							APPLICANT(S)			
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			☆		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1							51			
2							52			
3							53			
4							54			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.							TOTAL IND.	24		
TOTAL DEP.							TOTAL DEP.	60		
TOTAL CLAIMS							TOTAL CLAIMS	84		

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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